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To Be Assigned

			Attorney Docket Nun	mber 06878.114001
	ON FO	R UTILITY OR	First Named Inventor	Yi Tso, et al
		ICATION	COMPLE	ETE IF KNOWN
	CFR 1		Application Number	10 / 615,250
Declaration	[x	Declaration	Filing Date	July 8, 2003
Submitted with Initial	OR	Submitted after Initial Filing (surcharge	Group Art Unit	To Be Assigned
Filing		(37 ČFR 1.16 (e))		To Pa Assigned

Examiner Name

As a below named inventor, I he	reby declare that:		400	
My residence, mailing address, ar	nd citizenship are as stal	led below next to my nan	nė.	
I believe I am the original, first and names are listed below) of the sub				
METHOD AND SYST			AL PROTE	CTION
the specification of which	(Title of t	the Invention)		
the specification of which				•
is attached hereto				
OR Was filed on (MM/DD/YYYY)	July 8, 2003	as United St	tates Application	Number or PCT International
Application Number 10/615	250 and was a	amended on (MM/DD/YY	m	(if applicable).
I hereby state that I have reviewed amended by any amendment spec	d and understand the co diffically referred to above	intents of the above ident e.	ified specification	n, including the claims, as
I acknowledge the duty to disclose in-part applications, material inform PCT international filing date of the	nation which became av	vailable between the filing	defined in 37 CFI date of the prior	R 1.56, including for continuation- application and the national or
I hereby claim foreign priority ben or plant breeder's rights certificat than the United States of Americ patent, inventor's or plant breede application on which priority is dail	e(s), or 365(a) of any F a, listed below and har 's rights certificate(s), o	PCT international application also identified below,	tion which design	nated at least one country other box, any foreign application for
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
Additional foreign application	numbers are listed on a	supplemental priority da	ta sheet PTO/SB	/028 attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TQ: Assistant Commissioner for Patents, Washington, DC 20231.

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Utility or Design Patent Application Customer Number Direct all correspondence to: 32361 OR Correspondence address below or Bar Code Label Name Address State ZIP City Telephone Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor Given Name Family Name Tso (first and middle [if any]) or Sumame inventor's Signature State NJ US Jersey City Residence: City 45 River Drive So., No. 1812 Mailing Address 07310 _{city} Jersey City NJ ZIP NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor Given Name John Vitha Family Name (first and middle [if any]) Inventor's Signature US NY North Woodmere Residence: City Country Citizenship 1075 Duston Road **Mailing Address** 11581 US North Woodmere

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Additional inventors are being named on the 1

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Address			,			
City			State	Đ.		ZIP
Country	Telep	hone				Fax
I hereby declare that all statements made herein of are believed to be true; and further that these state made are punishable by fine or imprisonment, or bo validity of the application or any patent issued thereo	ments th, und	were made wit	h the l	inowledge that	t willful fa	alse statements and the like so
NAME OF SOLE OR FIRST INVENTOR:		A petition I	nas be	en filed for	this un	signed inventor
Given Name (first and middle [if any])				ily Name urname	rso	
Inventor's Signature	1					Date
Residence: City Jersey City		State NJ		Country	S	Citizenship US
45 River Drive So.	, No	. 1812				
_{city} Jersey City		State NJ		0731 ZIP	10	_{Country} US
NAME OF SECOND INVENTOR:		A petition ha	s bee	n filed for th	is unsi	gned inventor
Given Name John (first and middle [if any])				ly Name Imame	Vitha	
Inventor's Signature July RVH	A	T				Date 8/12/03
Residence: City North Woodmere	s	NY		US Country		US Citizenship
Mailing Address 1075 Duston Road						
North Woodmere		State NY]	_{ZIP} 11581		US Country
X Additional inventors are being named on the 1	\$000	lemental Additio	onal Im	ventor(s) sheet	(s) PTO	SB/02A attached hereto.

Mailing Address Mailing Address

North Caldwell

PTO/SB/02A (05-03)

Approved for use through 04/30/2003, Ot//9 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. ADDITIONAL INVENTOR(S) Supplemental Sheet DECLARATION A petition has been filed for this unsigned inventor Name of Additional Joint Inventor, if any: Given Name (first and middle (if any) Family Name or Sumame Bridges Timothy inventor's Signature Country US US NJ State Citizenship Summit Residence: City 41 Waldron Avenue Mailing Address Mailing Address US 07901 Summit NJ State Country City Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Family Name or Sumame Given Name (first and middle (if any) Michael Millette Inventor's Signature Citizenship State Country Residence: City Mailing Address Mailing Address **Ştate** Zip Country City Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Family Name or Surname Given Name (first and middle (if any) Smith Raddiffe J. **Inventors** Date Signature Cilizenship US NJ Country US North Caldwell State Residence: City 1 East Greenbrook Road

State NJ This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to fac (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION		ADDITIO Supplemen		INVENTOR(S)	Page -	3 4
Name of Additional Joint Inventor, if any:		☐ A pe	tition h	nas been filed for this	unsigned inv	rentor
Given Name (first and middle (if any)		Family Nan				
Timothy		Bridges		30/16/10		
Inventor's Signature					Date	
Residence: City Summit	State	NJ	Сол	ntry US	Citizenship	U\$
Mailing Address 41 Waldron Avenue						
Mailing Address		· · · · · · · · · · · · · · · · · · ·				
City Summit	State	NJ		Zip 07901	Country	us
Name of Additional Joint Inventor, if any:		☐ A pe	tition h	has been filed for this	unsigned in	rentor
Given Name (first and middle (if any)				Family Name or	\$umame	•
Michael		Millette				
Inventor's Michael Millett	,				81	12/03
Residence: City Larchmon+	State	NY		Country USA		Citizenship USA
Mailing Address 32 Maple Hill Dri	re_					
Mailing Address			,			
city Larchment	State	\wedge y		Zip 10538	Country	USA
Name of Additional Joint Inventor, if any:		☐ A pe	tition l	has been filed for this	unsigned in	ventor
Given Name (first and middle (if any)				Family Name or	Şumame	
Radcliffe J.		Smith				
Inventor's Signature		Date				
Residence: City North Caldwell	State	NJ		Country US		Citizenship US
Mailing Address 1 East Greenbrook Road						
Mailing Address						
North Caldwell	\$tate	NJ		Zip 07006	Country	US

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION			ntal SI	INVENTOR(S)	Page -	3 4 of
Name of Additional Joint Inventor, if any:		☐ A pe	tition h	nas been filed for this	unsigned inv	entor
Given Name (first and middle (if any)		Family Name or Sumame				
Timothy		Bridges				
Inventor's Signature					Date	
Residence: City Summit	State	NJ	Cou	ntry US	Citizenship	us
Mailing Address 41 Waldron Avenue						
Mailing Address		· · · · · · · · · · · · · · · · · · ·		т		
City Summit	State	NJ		Zip 07901	Country	US
Name of Additional Joint Inventor, if any:			tition l	has been filed for this	s unsigned im	rentor
Given Name (first and middle (if any)				Family Name o	r Sumame	
Michael		Millette				
Inventor's Signature						
Residence: City	State			Country		Citizenship
Mailing Address						
Mailing Address						
City	State			Zip	Country	
Name of Additional Joint Inventor, if any:		☐ Ape	etition i	has been filed for thi	s unsigned in	rentor
Given Name (first and middle (if any)		·		Family Name o	r Şumame	
Radcliffe J.		Smith				
Inventor's Radolite I multi	+	Date (lue	wit 7.	700_	3
Residence: City North Carlwell	State	NJ	4	Country US		Citizenship US
Mailing Address 1 East Greenbrook Road						
Mailing Address						·
North Caldwell	State	NJ		Zip 07006	Country	U\$

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Name of Additional Joint Inventor, if any:		☐ A peti	ition t	has been filed for this	unsigned inv	ventor
Given Name (first and middle (if any)		Family Name	e <u>or</u> :	Sumame		
Richard 0 / / /). e	Andrade		•		
Inventor's Signature MM MM MM					Date 7/	13/03
Residence: City Holmdel	State	NJ	Cour	ntry US	Citizenship	υś
Mailing Address 2 Rustic Lane						
Mailing Address				·		<u> </u>
City Holmdel	State	NJ		Zip 07733	Country	us
Name of Additional Joint Inventor, if any:		A peti	ition t	has been filed for this	unsigned inv	ventor
Given Name (first and middle (if any)		Family Name or Sumame				
Inventor's Signature						
Residence: City	State			Country		Cltizenship
Mailing Address						
Mailing Address			_			
City	State			Zip	Country	
Name of Additional Joint Inventor, if any:		☐ A peti	ition i	has been filed for this	unsigned im	ventor
Given Name (first and middle (if any)				Family Name or	Sumame	
Inventor's Signature		Date				
Residence: City	State		T	Country		Citizenship
Mailing Address						
Mailing Address						
City	State			Zip	Country	

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Application Number	10/615,250.
Filing Date	07/08/2003
First Named Inventor	Yi Tso, et al
Title Method and System for P	oviding Principal Protection Exposure to Equit
Art Unit	3629
Examiner Name	To Be Assigned.
Attorney Docket Number	OCD70 114001

I hereby appoint: X Practitioners at Customer Number: OR Reactitioner(s) garmed heleves	
X Practitioners at Customer Number: 32,361	
Practitionarie) named halour	
Practitioner(s) named below:	
Name Registration Number	1
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent at Trademark Office connected therewith.	đ
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City State Zip	
Country	
Telephone Fax	
Applicant/Inventor.	
Assignee of record of the entire interest. See 37 CFR 3.71.	
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record	<u></u>
Name Richard Andrade	
Date /////// 2 , 2003 Telephone [12-35] - 38//	
i invita omnomico vi an usculyentola di dastinees di lecolu di me endre interest or metrizengenginers) are regultari. Sulvati muttata	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	

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Application Number	10/615,250	
Filing Date	07/08/2003	
First Named Inventor	Yi Tso, et al	_
Title Method and System for	Providing Principal Protection Exposure to Eq	uin
Art Unit	3629	
Examiner Name	To Be Assigned	
Attorney Docket Number	06878 114001	_

X Practitioners at Customer Num	ber: 32,361			
OR	<u> </u>			
Practitioner(s) named below:				
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my/our attorney(s) or agent(s) to pr ademark Office connected therewith	osecute the application identified.	ed above, and to transact all bu	siness in the United States Patent a	ind
ease recognize or change the corres	spondence address for the above	ve-identified application to:	The table of table	
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Firm or Individual Name Address Address City Country Telephone am the: X: Applicant/Inventor. Assignee of record of the enti	ire interest. See 37 CFR 3.71. 3(b) is enclased. (Form PTO/SE	Fax	Ζiρ	
Firm or Individual Name Address Address City Country Telephone am the: X Applicant/Inventor. Assignee of record of the enti- Statement under 37 CFR 3.7.	ire interest. See 37 CFR 3.71. 3(b) is enclased. (Form PTO/SE	Fax 3/96)	Zip	
Firm or Individual Name Address Address City Country Telephone am the: X Applicant/Inventor. Assignee of record of the enti- Statement under 37 CFR 3.7.	ire interest. See 37 CFR 3.71. 3(b) is enclased. (Form PTO/SE	Fax 3/96) ant or Assignee of Record		201
Firm or Individual Name Address Address City Country Telephone am the: X. Applicant/Invertor. Assignee of record of the enti- Statement under 37 CFR 3.7.	ire interest. See 37 CFR 3.71. 3(b) is enclosed. (Form PTO/SE SIGNATURE of Applica	Fax 396) ant or Assignee of Record Teleph	one 12/6/03 2/2	702-7
Firm or Individual Name Address Address City Country Telephone am the: X Applicant/Inventor. Assignee of record of the enti- Statement under 37 CFR 3.7.	interest. See 37 CFR 3.71. 3(b) is enclosed. (Form PTO/SE SIGNATURE of Applica	Fax 396) ant or Assignee of Record Teleph	one 12/6/03 2/2	702-7

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Application Number	10/615,250
Filing Date	07/08/2003
First Named Inventor	Yi Tso, et al
Title Method and System to	or Providing Principal Protection Exposure to Equity
Art Unit	3629
Examiner Name	To Be Assigned
Attorney Docket Number	06878.114001

I hereby appoint:				
X Practitioners at Customer Numb	er: 32,361			
OR				
Practitioner(s) named below:				
Nar	mė		Registration Number	
as my/our attorney(s) or agent(s) to pro Trademark Office connected therewith.	secute the application identified above	a, and to tra	nsact all business in the United States Pa	atent and
Please recognize or change the corresp	condence address for the above-ident	ified applica	tion to:	
The above-mentioned Custom	per Number:			
OR	·			
The address associated with (Customer Number:			
OR	<u> </u>			
OR Firm or Individual Name	<u></u>			
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Firm or Individual Name Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire Statement under 37 CFR 3.730	e interest. See 37 CFR 3.71. b) is enclosed. (Form PTO/SB/96)	Fax		
Firm or Individual Name Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire Statement under 37 CFR 3.73(e interest. See 37 CFR 3.71. b) is enclosed. (Form PTO/SB/96)	Fax		
Firm or Individual Name Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire Statement under 37 CFR 3.73(e interest. See 37 CFR 3.71. b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or A	Fax Sasignee of	Record Telephone 242-403-8	3772
Firm or Individual Name Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire Statement under 37 CFR 3.73(e interest. See 37 CFR 3.71. b) is enclosed. (Form PTO/SD/96) SIGNATURE of Applicant or A	Fax Sasignee of	Record Telephone 242-403-8	1990

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PTO/SB/81 (06-03)

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Officer the Paperwork Reduction Action 1993, no persons are requ	Then to respond to a consciou of thioli	riadosi diliess it disp
	Application Number	10/615,250
POWER OF ATTORNEY and	Filing Date	07/08/2003
	First Named Inventor	Yi Tso, et al
CORDECTONDENCE ADDRESS	Title Method and System for F	roviding Principa

03 al sipal Protection Exposure to Equity SPUNDENCE ADDRESS Art Unit 3629 INDICATION FORM **Examiner Name** To Be Assigned Attorney Docket Number 06878 114001

<u> </u>			100070:114	
I hereby appoint:				
X Practitioners at Customer Number.	32,361	•		
OR	·			
Practitioner(s) named below:				
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Statement under 37 CFR 3.73(b) ii				
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JOHN VIIIIA			Telephone 2	12-902-5757
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Application Number	10/615,250	
Filing Date	07/08/2003	
First Named Inventor	Yi Tso, et al	
Title Method and System for	Providing Principal Protection	Exposure to Equity
Art Unit	3629	
Examiner Name	To Be Assigned	
Attorney Docket Number	06878 11/001	

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Assignee of record of the e Statement under 37 CFR 3	entire interest. See 37 CFR 3 3.73(b) is enclosed. (Form P1	.71. °O/\$ <i>B/</i> 96)		
	SIGNATURE of A	pplicant or Assignee of Re	ecord	
Name Michael Millette		P .		
Signature VV	Whall Willet	tu		
Date Dec	ember 3,2003		Telephone 212.902.3702	
NOTE: Signatures of all the inventors or a forms if more than one signature is require	assignees of record of the entire	interest or their representative(
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Application Number	10/615,250	
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First Named Inventor	Yi Tso, et al	
Title Method and System for	Providing Principal Protection	Exposure to Equity
Art Unit	3629	
Examiner Name	To Be Assigned	• • • • • • • • • • • • • • • • • • • •
Attorney Docket Number	06878 114001	

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